

<b>APPLICATION FOR CADET MEMBERSHIP IN CIVIL AIR PATROL</b> <i>(Type or print.)</i>				CHARTER NUMBER		SOCIAL SECURITY NUMBER		
LAST NAME - FIRST NAME - MIDDLE INITIAL				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HEIGHT	WEIGHT	BLOOD TYPE	DATE OF BIRTH DAY MONTH YEAR
MAILING ADDRESS (Number and Street)			APT	CITY		STATE	ZIP CODE	HOME PHONE (   )
E-mail address (This address may be used to contact you concerning CAP events, special interest items and other membership information)								
NEXT OF KIN (Name and address)						RELATIONSHIP:		
						PHONE: (   )		
SCHOOL PRESENTLY ATTENDING (NAME AND ADDRESS) <input type="checkbox"/> Check here if Home Schooled							GRADE	
MEMBER MOST RESPONSIBLE FOR YOUR JOINING CAP ( <b>OPTIONAL</b> : For recruiting campaign purposes)								
<u>NAME</u>			<u>CAPSN</u>			<u>CHARTER NUMBER</u>		
<b>To help us better serve our members, please tell us how you heard about Civil Air Patrol (check all that apply):</b>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Air Show  <input type="checkbox"/> NASCAR Race Program  <input type="checkbox"/> CAP Member  <input type="checkbox"/> Friend  <input type="checkbox"/> Magazine  <input type="checkbox"/> Family Member         </div> <div style="width: 48%;"> <input type="checkbox"/> CAP Exhibit  <input type="checkbox"/> School  <input type="checkbox"/> Radio  <input type="checkbox"/> Television  <input type="checkbox"/> CAP News  <input type="checkbox"/> Other (please name):         </div> </div>								
<b>BACKGROUND INFORMATION:</b>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>A. CITIZENSHIP</b>            1) Are you a citizen of the United States? ____            2) Are you an alien admitted for permanent residence? ____            (Must possess current alien registration receipt card [Form I-151 or I-551]).         </div> <div style="width: 48%;"> <b>B. IDENTIFICATION GROUP (Optional)</b>  <input type="checkbox"/> WHITE                      <input type="checkbox"/> BLACK (NOT OF HISPANIC ORIGIN)  <input type="checkbox"/> HISPANIC                      <input type="checkbox"/> ASIAN/PACIFIC ISLANDER  <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE         </div> </div>								
<b>C. PRIOR CAP MEMBERSHIP</b> (WRITE "NONE" IF APPROPRIATE) ____								
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Old Charter Number</div> <div style="width: 20%;">Membership Date (From)</div> <div style="width: 20%;">Membership Date (To)</div> <div style="width: 40%;">Highest Cadet Award Earned</div> </div>								
I hereby make application for cadet membership in Civil Air Patrol. I pledge that I will serve faithfully in the Civil Air Patrol Cadet Program and that I will attend meetings regularly, participate actively in unit activities, obey my officers, wear my uniform properly, and advance my education and training rapidly to prepare myself to be of service to my community, state, and nation.								
APPLICANT SIGNATURE							DATE	
This application has my approval. I understand that my child may be flying in CAP aircraft and participating in vigorous outdoor activities. I agree to help support my child's efforts to attend official Civil Air Patrol functions and activities.								
PRINT PARENT OR LEGAL GUARDIAN FULL NAME				SIGNATURE			DATE	
<b>To be completed by commander or designated representative:</b> I certify that the applicant is accepted as a member of Civil Air Patrol subject to approval by higher headquarters with National Headquarters as the final approving authority. Membership becomes effective when this application is processed by National Headquarters and the individual's name appears on the National Headquarters database.								
CHARTER, UNIT NAME, AND ADDRESS								
PRINT FULL NAME				SIGNATURE			DATE	
<div style="text-align: center;"> <b>A NOTE TO THE NEW CADET</b>            Congratulations on joining Civil Air Patrol! To fly in CAP aircraft and be credited for achievements in the Cadet Program, your application must be processed by CAP National Headquarters. So please rush this application and your check for dues to:  <b>NATIONAL HEADQUARTERS CAP/LMM</b>  <b>105 S. HANSELL ST.</b>  <b>MAXWELL AFB AL 36112-6332</b> </div>								

## HEALTH CERTIFICATE PARENT'S EVALUATION

The activities in which your child will participate while a member of CAP are generally comparable to those experienced in high school, including physical education activities. To assure the fullest degree of pleasure and success in Civil Air Patrol, the cadet should be healthy, both physically and mentally. If you mark "NO" in all the boxes below, your cadet will be placed in a Physical Fitness Category I, and will not require a physical examination. If you mark "YES" in any box, an examination by a physician is required.

YES NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | FREQUENT OR SEVERE HEADACHES                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | DIZZINESS OR FAINTING SPELLS                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | UNCONSCIOUSNESS FOR ANY REASON                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | EYE TROUBLE <i>(not correctable with glasses)</i>                 |
| <input type="checkbox"/> | <input type="checkbox"/> | HEART TROUBLE   |
| <input type="checkbox"/> | <input type="checkbox"/> | CHRONIC OR RECENT EAR TROUBLE                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | HIGH OR LOW BLOOD PRESSURE  |
| <input type="checkbox"/> | <input type="checkbox"/> | SIGNIFICANT ABDOMINAL TROUBLE (INCLUDING HERNIA) UNLESS CORRECTED |
| <input type="checkbox"/> | <input type="checkbox"/> | SUGAR OR ALBUMIN IN URINE   |
| <input type="checkbox"/> | <input type="checkbox"/> | EPILEPSY  |
| <input type="checkbox"/> | <input type="checkbox"/> | MENTAL OR NERVOUS DISORDER  |
| <input type="checkbox"/> | <input type="checkbox"/> | DRUG OR NARCOTIC HABIT  |
| <input type="checkbox"/> | <input type="checkbox"/> | EXCESSIVE DRINKING HABIT  |
| <input type="checkbox"/> | <input type="checkbox"/> | REJECTION FOR LIFE INSURANCE                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | ASTHMA  |
| <input type="checkbox"/> | <input type="checkbox"/> | ALLERGIES   |
| <input type="checkbox"/> | <input type="checkbox"/> | OTHER LIMITATIONS   |

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE HEALTH OF THE APPLICANT IS AS SHOWN ABOVE.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

## PHYSICIAN'S CERTIFICATE

(Required if "YES" was marked in any box above)

I certify that I have examined the applicant whose name appears hereon and that he/she does not possess physical limitations that would preclude participation in Civil Air Patrol as explained in the above parent's evaluation.

\_\_\_\_\_ **NOT RESTRICTED:** Physically capable of full participation.

\_\_\_\_\_ **TEMPORARILY RESTRICTED:** Medical condition or injury is temporary in nature.

\_\_\_\_\_ **PERMANENTLY RESTRICTED:** Medical condition or injury is chronic or permanent in nature and individual is restricted from all Civil Air Patrol physical activities.

PHYSICIAN'S SIGNATURE

DATE

PHYSICIAN'S ADDRESS

PHYSICIAN'S PHONE

**CIVIL AIR PATROL FREE CADET UNIFORM VOUCHER.** If you do not want the free uniform, do not complete this voucher for processing. Otherwise, follow the instructions below. If you have any questions, contact CAP NHQ/LGS at Comm 1-334-953-1501, FAX 1-334-953-1014 or e-mail logeqp@cap.gov. **Return the voucher at page 4 with your membership application. You and one of your parents or legal guardians need to read the terms also at page 4 and sign in the space provided. Your squadron commander can answer your questions about the FCU program.**

#### HAT SIZE CONVERSION CHART

Using a tailor's tape measure, measure the circumference of the cadet's head. Look for the approximate measurement on the chart and cross-reference to the appropriate cap size for women or men.

APPROXIMATE MEASUREMENT	WOMEN'S SIZE	MEN'S SIZE
20 1/8	20	6 3/8
20 1/2	20 1/2	6 1/2
20 7/8	21	6 5/8
21 1/4		6 3/4
21 5/8	21 1/2	6 7/8
22	22	7
22 3/8		7 1/8
22 3/4	22 1/2	7 1/4
23 1/8	23	7 3/8
23 1/2	23 1/2	7 1/2
23 7/8	24	7 5/8
24 1/4		7 3/4
24 5/8	24 1/2	7 7/8
25	25	8

#### FEMALE PANT/SKIRT SIZE CONVERSION CHART

Using a tailor's tape measure, measure the circumference of the cadet's waist and hip. Look for the approximate measurement on the chart and cross-reference to the appropriate pant/skirt size. All measurements are in inches. To measure Short (S), Regular (R), Long (L): Sit cadet down on flat surface. Measure from the waist to the flat surface. Seven inches and shorter requires (S); 8" requires (R); 9" or longer requires (L)

PANT/SKIRT SIZE	WAIST CIRCUMFERENCE	HIP CIRCUMFERENCE
2M	22 – 23 1/2	34 – 36
2W	22 – 23 1/2	36 1/2 – 38 1/2
4M	23 – 24 1/2	35 – 37
4W	23 – 24 1/2	36 1/2 – 38 1/2
6M	24 – 25 1/2	36 – 38
6W	24 – 25 1/2	37 1/2 – 39 1/2
8M	25 – 26 1/2	37 – 39
8W	25" – 26 1/2"	39 – 41
10M	26 1/2" – 28"	38" – 40"
10W	26 1/2" – 28"	40" – 42"
12M	28" – 29 1/2"	39 1/2" – 41 1/2"
12W	28" – 29 1/2"	41 1/2" – 43 1/2"
14M	30" – 31 1/2"	41 1/2" – 43 1/2"
14W	30" – 31 1/2"	43 1/2" – 45 1/2"
16M	31 1/2" – 33"	43" – 45"
16W	31 1/2" – 33"	44 1/2 – 46 1/2
18M	33 – 34 1/2	45 – 47
18W	33 – 34 1/2	46 – 48
20M	35 – 36 1/2	47 – 49
20W	35 – 36 1/2	48 – 50
22M	37 – 38 1/2	49 – 51
22W	37 – 38 1/2	50 – 52

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Please Detach Here

Please Detach Here

#### **Important Contact Numbers. You May Keep This Portion For Your Records**

**For status of your cadet membership application** call NHQ CAP/LMM at 877-227-9142.

**For status of your uniform voucher** call the Army/Air Force Exchange Service [AAFES] at **800-527-2345** or NHQ CAP/LGS at **334-953-1501**. Be prepared to provide your CAPID shown on your membership card.

If you need to **exchange a uniform item(s)** return to: Lackland Military Clothing Sales Store, 1520 Kirkland, Building 6659, San Antonio TX 78236. Include CAPID, name, address, phone number and sizes needed. If you have a **question about your return**, please contact Lackland Military Clothing at **210-674-0190**. **Be prepared to provide your CAPID.** Please do not contact the CAPMart about the status of your voucher or uniform returns.

**Free Cadet Uniform [FCU] Voucher terms. Cadets and adults should understand the following:**

1. This program provides an opportunity for a **new cadet** to receive, at no cost to the cadet, a basic blue Air Force uniform, provided the unit commander approves the request and funds continue to be available in the program.
2. Cadets are responsible for purchasing the CAP accessories (name tag, ribbons, grade insignia, hat device, etc.) required for proper wear of the uniform. To purchase accessories, contact the CAP CAPMart at 1-800-633-8768.
3. In the event the cadet withdraws from the cadet program (within the first year of membership), free uniform items must be returned (or replaced, if lost or damaged) to the local CAP unit. The parent assumes the responsibility on behalf of their minor child. The squadron commander must make every reasonable effort to retrieve these uniform items.
4. These uniforms will not be sold, rented or given to anyone other than CAP cadets. The squadron commander will maintain the accountability of these uniforms with records that are available for audit.
5. The uniforms will be mailed directly to the new cadet. (Exceptions will be handled by request on a case-by-case basis.)

Please Detach Here

Please Detach Here

**This Voucher Must Remain Attached To The New Member Application Form When Submitted**

<b>FREE CADET UNIFORM VOUCHER</b>	<b>FOR NHQ CAP/LMM USE ONLY</b>	<b>CAPID:</b>							
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**Submitting a fraudulent voucher is illegal and individuals may be prosecuted. Incomplete vouchers will be returned to the cadet to complete. Please type/print all information.**

<b>Ship to Name:</b>	<b>Ship to Address:</b>	<b>Contact Phone Number:</b>
		( ) Home
		( ) Work

**ALL FIELDS FOR MALE/FEMALE MUST BE MARKED**

MALE						FEMALE (Choose either Pants or Skirt)					
Shirt M202E	Pant Waist M202C	Pant Length	Cap M204G	Belt M208E1	Buckle M208G2	Blouse M212M	Pants M212D	Skirt M212C	Pant or Skirt Length	Cap M214G	
<input type="checkbox"/> 13 ½	<input type="checkbox"/> 26 <input type="checkbox"/> 39	<input type="checkbox"/> XS	<input type="checkbox"/> 6 3/8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> MS	<input type="checkbox"/> 20	
<input type="checkbox"/> 14	<input type="checkbox"/> 27 <input type="checkbox"/> 40	<input type="checkbox"/> S	<input type="checkbox"/> 6 ½			<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> MR	<input type="checkbox"/> 20 ½	
<input type="checkbox"/> 14 ½	<input type="checkbox"/> 28 <input type="checkbox"/> 42	<input type="checkbox"/> R	<input type="checkbox"/> 6 5/8			<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> ML	<input type="checkbox"/> 21	
<input type="checkbox"/> 15	<input type="checkbox"/> 29 <input type="checkbox"/> 44	<input type="checkbox"/> L	<input type="checkbox"/> 6 ¾			<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> WS	<input type="checkbox"/> 21 ½	
<input type="checkbox"/> 15 ½	<input type="checkbox"/> 30 <input type="checkbox"/> 46	<input type="checkbox"/> XL	<input type="checkbox"/> 6 7/8			<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> WR	<input type="checkbox"/> 22	
<input type="checkbox"/> 16	<input type="checkbox"/> 31		<input type="checkbox"/> 7			<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> WL	<input type="checkbox"/> 22 ½	
<input type="checkbox"/> 16 ½	<input type="checkbox"/> 32		<input type="checkbox"/> 7 1/8			<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14		<input type="checkbox"/> 23	
<input type="checkbox"/> 17	<input type="checkbox"/> 33		<input type="checkbox"/> 7 ¼			<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16		<input type="checkbox"/> 23 ½	
<input type="checkbox"/> 17 ½	<input type="checkbox"/> 34		<input type="checkbox"/> 7 3/8			<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18		<input type="checkbox"/> 24	
<input type="checkbox"/> 18	<input type="checkbox"/> 35		<input type="checkbox"/> 7 ½			<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20		<input type="checkbox"/> 24 ½	
<input type="checkbox"/> 18 ½	<input type="checkbox"/> 36		<input type="checkbox"/> 7 5/8				<input type="checkbox"/> 22	<input type="checkbox"/> 22			
<input type="checkbox"/> 19	<input type="checkbox"/> 37		<input type="checkbox"/> 7 ¾								
<input type="checkbox"/> 20	<input type="checkbox"/> 38		<input type="checkbox"/> 7 7/8			<b>Belt M208E1</b>	<b>Buckle M208G2</b>				
						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

The signatures below acknowledge that the uniform request accompanies an application for a new cadet membership in Civil Air Patrol, that all signatories agree to all terms of the FCU voucher listed on the detachable section above, and that the information listed on the voucher is correct.

\_\_\_\_\_  
**Cadet's Signature and Date**

\_\_\_\_\_  
**Parent's or Legal Guardian's Signature and Date**

\_\_\_\_\_  
**Squadron/Deputy Commander Signature for Cadets and Date**